



Region 2

**ACKNOWLEDGEMENT OF NOTIFICATION
OF
HAZARDOUS WASTE ACTIVITY**

12/10/2004

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER:	NYD986949402
INSTALLATION NAME:	CUMBERLAND FARMS #70233
INSTALLATION ADDRESS :	1310 SUNRISE HWY COPIAGUE, NY 11726
MAILING ADDRESS :	777 DEDHAM ST CANTON, MA 02021

EPA Form 8700-12AB (4-80)

**USEPA - REGION 2
RCRA Programs Branch
290 Broadway, 22nd Floor
New York, NY 10007-1866**

**ATTN: RCRA NOTIFICATIONS
Tel : (212) 637-4106
Fax: (212) 637-3056**

**TO: CUMBERLAND FARMS #70233
or Current Occupant
ATTN: MAUREEN JERNSTEDT
777 DEDHAM ST
CANTON, MA 02021**

MAIL THE COMPLETED FORM TO: The Appropriate State or EPA Regional Office.		United States Environmental Protection Agency RCRA SUBTITLE C SITE IDENTIFICATION FORM	
1. Reason for Submittal (See instructions on page 23)	Reason for Submittal: <input type="checkbox"/> To provide Initial Notification of Regulated Waste Activity (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities). <input checked="" type="checkbox"/> To provide Subsequent Notification of Regulated Waste Activity (to update site identification information). <input type="checkbox"/> As a component of a First RCRA Hazardous Waste Part A Permit Application. <input type="checkbox"/> As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # _____). <input type="checkbox"/> As a component of the Hazardous Waste Report.		
MARK CORRECT BOX(ES)			
2. Site EPA ID Number (See instructions on page 24)	EPA ID Number: NYD 986 949 402		
3. Site Name (See instructions on page 24)	Name: Cumberland Farms #70233		
4. Site Location Information (See instructions on page 24)	Street Address: 1310 Sunrise Hwy City, Town, or Village: Copague State: NY County Name: Suffolk Zip Code: 11726		
5. Site Land Type (See instructions on page 24)	Site Land Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		
6. North American Industry Classification System (NAICS) Code(s) for the Site (See instructions on page 24)	A. 4471 B. _____ C. _____ D. _____		
7. Site Mailing Address (See instructions on page 25)	Street or P. O. Box: 777 Dedham St. City, Town, or Village: Canton State: MA Country: USA Zip Code: 02021		
8. Site Contact Person (See instructions on page 25)	First Name: Maureen MI: _____ Last Name: Jernstedt Phone Number: 1-800-225-9702 Phone Number Extension: 3378		
9. Legal Owner and Operator of the Site (See instructions on pages 25 to 26)	A. Name of Site's Legal Owner: Cumberland Farms, Inc. Date Became Owner (mm/dd/yyyy): 09102003 Owner Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other B. Name of Site's Operator: Same Date Became Operator (mm/dd/yyyy): Same Operator Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		

EPA ID No.

10. Type of Regulated Waste Activity (Mark the appropriate boxes for activities that apply to your site. See instructions on pages 26 to 30)

A. Hazardous Waste Activities

1. Generator of Hazardous Waste
(Choose only one of the following three categories.)

- ☐ a. LQG: Greater than 1,000 kg/mo (2,200 lbs./mo.) of non-acute hazardous waste; or
- ☒ b. SQG: 100 to 1,000 kg/mo (220 - 2,200 lbs./mo.) of non-acute hazardous waste; or
- ☐ c. CESQG: Less than 100 kg/mo (220 lbs./mo.) of non-acute hazardous waste

In addition, indicate other generator activities. (Mark all that apply)

- ☐ d. United States importer of Hazardous Waste
- ☐ e. Mixed Waste (hazardous and radioactive) Generator

For Items 2 through 6, mark all that apply.

- ☐ 2. Transporter of Hazardous Waste
- ☐ 3. Treater, Storer, or Disposer of Hazardous Waste (at your site) Note: A hazardous waste permit is required for this activity.
- ☐ 4. Recycler of Hazardous Waste (at your site) Note: A hazardous waste permit may be required for this activity.
5. Exempt Boiler and/or Industrial Furnace
- ☐ a. Small Quantity On-site Burner Exemption
- ☐ b. Smelting, Melting, and Refining Furnace Exemption
- ☐ 6. Underground Injection Control

B. Universal Waste Activities

1. Large Quantity Handler of Universal Waste (accumulate 5,000 kg or more) [refer to your State regulations to determine what is regulated]. Indicate types of universal waste generated and/or accumulated at your site. (Mark all boxes that apply):

	Generate	Accumulate
a. Batteries	<input type="checkbox"/>	<input type="checkbox"/>
b. Pesticides	<input type="checkbox"/>	<input type="checkbox"/>
c. Thermostats	<input type="checkbox"/>	<input type="checkbox"/>
d. Lamps	<input type="checkbox"/>	<input type="checkbox"/>
e. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>
f. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>
g. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>

☐ 2. Destination Facility for Universal Waste

Note: A hazardous waste permit may be required for this activity.

C. Used Oil Activities (Mark all boxes that apply.)

1. Used Oil Transporter - Indicate Type(s) of Activity(ies)
- ☐ a. Transporter
- ☐ b. Transfer Facility
2. Used Oil Processor and/or Re-refiner - Indicate Type(s) of Activity(ies)
- ☐ a. Processor
- ☐ b. Re-refiner
- ☐ 3. Off-Specification Used Oil Burner
4. Used Oil Fuel Marketer - Indicate Type(s) of Activity(ies)
- ☐ a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner
- ☐ b. Marketer Who First Claims the Used Oil Meets the Specifications

11. Description of Hazardous Wastes (See instructions on page 31)

A. Waste Codes for Federally Regulated Hazardous Wastes. Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.

D001						

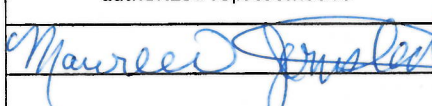
EPA ID No.

B. Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes. Please list the waste codes of the State-regulated hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if more spaces are needed for waste codes.

D001				2004 OCT -1 AM 11:08		

12. Comments (See instructions on page 31)

13. Certification. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. (See instructions on page 31)

Signature of owner, operator, or an authorized representative	Name and Official Title (type or print)	Date Signed (mm/dd/yyyy)
	Maureen Jernstedt, Compliance Manager	9/29/04

RCRA Site Detail

Report run on: October 5, 2004 - 2:17 PM

Page 3

NYD986949402 TOSCO #34643**EPA Region 02 Extract Flag: X Facility Identifier: County: SUFFOLK**

Basic Notes: EXTRACT_FLAG UPDATED OCT 2003 VIA SQL

Universes	Full Enforcement: ----	Subj CA:	Perm Prgrs: ----	Op Pmt GPRA:
Generator: CEG	Operating TSDF: ----	Subj CA TSD 3004:	Perm Wrkld: ----	PClos GPRA:
Transporter:	BOYSNC:	Subj CA TSD Discr:	Clos Wrkld: ----	CA GPRA:
	SNC:	Subj CA Non-TSD:	PClos Wrkld: ----	CA HE EI:
	Annual BOY Enf:	CA Wrkld:	Controls in Place: No	CA GW EI:

Activity Location: NY Source Type: Notification Seq. Number: 2 Receive Date: 08 AUG 2001

Other/Previous Site Name: TOSCO #34643

Location 1310 SUNRISE HWY
Address: COPIAGUE, NY 11726**Mailing** PO BOX 52085
Address: PHOENIX, AZ 85072**Contact Person** STERLING HUNDLEY PO BOX 52085
For Source (602) 728-4180 PHOENIX, AZ 85072
Information**Owner (current)** PO BOX 52085 Type: Private
TOSCO PHOENIX, AZ 85072
From: 03/01/2000 To: Phone: (602) 728-8000**Operator (current)** PO BOX 4415 Type: Private
EXXON CO USA HOUSTON, TX 77210
From: To: Phone: (713) 656-7761**Land Type:** Private **Non Notifier:** No **Commercial Availability:** Other - U **Tsd Date:** 01/01/0001
Accessibility: **No. Employees:** **State District:** NYSDEC R1**Notes:** Update 10/03 to ensure Leg_Dist is associated with correct Counties
Regulated Waste Activities**Hazardous Waste Generator Status - Federal:** Conditionally Exempt SQG; **State:****Transfer Facility:** Unknown**Used Oil Activities****Other Hazardous Waste Generator Activities****Importer Activity:** Unknown
Mixed Waste Generator: Unknown**Transporter Activity:** No
TSD Activity: No
Recycler Activity: No**Exempt Boiler and/or Industrial Furnace****Small Quantity Onsite Burner Exemption:** Unknown
Smelting, melting, Refining Furnace Exemption: Unknown**Used Oil Transporter Activity** Off-Specification Used Oil Burner: No**Transporter:** No
Transfer Facility: No **Used Oil Fuel Marketer Activity****Used Oil Processor and/or Re-refiner Activity** Marketer who directs shipment off-specification used oil to off-specification used oil burner: No**Processor:** No
Refiner: No **Marketer who first claims the used oil meets the specifications:** No**Underground Injection Control:** No **Destination Facility for Universal Waste:****Description of Hazardous Wastes (as reported on Site Identification Form)****EPA Waste Codes:** D000, D001, D018**Activity Location: NY Source Type: Biennial Report Seq. Number: 1 Receive Date: 25 FEB 1992 Report Cycle: 1991**

Other/Previous Site Name: EXXON #31779

Location 1310 SUNRISE
Address: COPIAGUE, NY 11726**Mailing** PO BOX 4415
Address: HOUSTON, TX 77210**Contact Person** ALDA S POOL
For Source (713) 656-7709 ext. 9999
Information**Land Type:** Bad code - U **Non Notifier:** No **Commercial Availability:** Other - U **Tsd Date:**
Accessibility: **No. Employees:** **State District:** NYSDEC R1**NAICS Codes:** 4471 Gasoline Stations**Notes:** Update 10/03 to ensure Leg_Dist is associated with correct Counties

RCRA Site Detail

Report run on: October 5, 2004 - 2:17 PM

NYD986949402 TOSCO #34643

Continued...

Regulated Waste Activities

Hazardous Waste Generator Status - Federal: Large Quantity Generator; State:

Transfer Facility: Unknown

Used Oil Activities

Other Hazardous Waste Generator Activities

Used Oil Transporter Activity

Off-Specification Used Oil Burner:

Unknown

Importer Activity: Unknown

Transporter: Unknown

Used Oil Fuel Marketer Activity

Mixed Waste Generator: Unknown

Transfer Facility: Unknown

Marketer who directs shipment
off-specification used oil to
off-specification used oil burner:

Unknown

Transporter Activity: Unknown

Used Oil Processor and/or
Re-refiner Activity

TSD Activity: No

Processor: Unknown

Marketer who first claims the used
oil meets the specifications:

Unknown

Recycler Activity: Unknown

Refiner: Unknown

Exempt Boiler and/or Industrial Furnace

Small Quantity Onsite Burner Exemption: Unknown

Underground
Injection Control:Destination Facility for
Universal Waste:

Unknown

Smelting, melting, Refining Furnace

Exemption: Unknown

Biennial Report Information

Total Quantity Reported (Tons): Generated: 28 Managed: 0 Shipped: 28 Received: 0

Top 10 GM Forms Summary by Largest Quantity of Hazardous Waste Generated (All quantities are in tons)

Generated	Managed	Onsite Management Methods	Shipped	Offsite Management Methods
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Activity Location: NY	Source Type: Notification	Seq. Number: 1	Receive Date: 13 MAR 1991
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Other/Previous Site Name: TOSCO #34643

Location 1310 SUNRISE HWY
Address COPIAGUE, NY 11726Mailing PO BOX 52085
Address: PHOENIX, AZ 85072

Land Type: Private

Non Notifier: No

Commercial Availability: Other - U

Tsd Date: 01/01/0001

Accessibility:

No. Employees:

State District: NYSDEC R1

Notes: Update 10/03 to ensure Leg_Dist is associated with correct Counties

Regulated Waste Activities

Hazardous Waste Generator Status - Federal: Conditionally Exempt SQG; State:

Transfer Facility: Unknown

Used Oil Activities

Other Hazardous Waste Generator Activities

Used Oil Transporter Activity

Off-Specification Used Oil Burner:

No

Importer Activity: Unknown

Transporter: No

Used Oil Fuel Marketer Activity

Mixed Waste Generator: Unknown

Transfer Facility: No

Marketer who directs shipment
off-specification used oil to
off-specification used oil burner:

No

Transporter Activity: No

Used Oil Processor and/or
Re-refiner Activity

TSD Activity: No

Processor: No

Marketer who first claims the used
oil meets the specifications:

No

Recycler Activity: No

Refiner: No

Exempt Boiler and/or Industrial Furnace

Small Quantity Onsite Burner Exemption: Unknown

Underground
Injection Control:Destination Facility for
Universal Waste:

Smelting, melting, Refining Furnace

Exemption: Unknown

* End of Report *



**ACKNOWLEDGEMENT OF NOTIFICATION
OF
HAZARDOUS WASTE ACTIVITY**

09/26/2001

This is to acknowledge that you have filed a **Notification of Hazardous Waste Activity** for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER	NYD986949402
INSTALLATION NAME	TOSCO #34643
INSTALLATION ADDRESS	1310 SUNRISE HWY COPIAGUE, NY 11726
MAILING ADDRESS	PO BOX 52085 PHOENIX, AZ 85072

EPA Form 8700-12AB (4-80)

**USEPA - REGION 2
RCRA Programs Branch
290 Broadway, 22nd Floor
New York, NY 10007-1866**

**ATTN: JACK HOYT
Tel : (212) 637-4106
Fax: (212) 637-4949**

**TO: TOSCO #34643
or Current Occupant
ATTN: STERLING HUNDLEY - HAZ WASTE COORD
PO BOX 52085
PHOENIX, AZ 85072**

Please refer to Section V. Line-by-Line Instructions for Completing EPA Form 8700-12 before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received
(For Official Use Only)

AUG - 8 2001

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☐

A. Initial Notification

☒
B. Subsequent Notification
(Complete item C)

C. Installation's EPA ID Number

NY 0986949402

II. Name of Installation (Include company and specific site name)

TOSCO #34643

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

1310 SUNRISE HWY

Street (Continued)

City or Town

COPIAGUE

State

Zip Code

NY 11726-

County Code

County Name

IV. Installation Mailing Address (See instructions)

Street or P.O. Box

PO BOX 52085

City or Town

PHOENIX

State

Zip Code

AZ 85072-

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last)

HUNDLEY

(First)

STERLING

Job Title

HAZ WASTE COORD

Phone Number (Area Code and Number)

Extension

602-728-4180

VI. Installation Contact Address (See instructions)

Fax Number

A. Contact Address
Location Mailing
☐
☒

B. Street or P.O. Box

PO 52085

City or Town

PHOENIX

State

Zip Code

AZ 85072-2085

VII. Ownership (See instructions)

A. Name of Installation's Legal Owner

TOSCO

Street, P.O. Box, or Route Number

PO BOX 52085

City or Town

PHOENIX

State

Zip Code

AZ 85072-2085

Phone Number (Area Code and Number)

602-728-8000

B. Land Type

P

C. Owner Type

P

D. Change of Owner
Indicator

Yes

☒

No

☐
Date Changed
Month Day Year

03 01 2000

PLEASE REPLY TO: Jack Hoyt, USEPA-DEPP-RPB, 290 Broadway, 22nd Fl.,
New York, NY 10007-1866 Phone: (212)637-4106

Address Mailed By User

Contact (Owner)

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to Instructions)

A. Hazardous Waste Activities

1. Generator (See Instructions)
- ☐ a. Greater than 1000kg/mo (2,200 lbs.)
- ☐ b. 100 to 1000 kg/mo (220-2,200 lbs.)
- ☒ c. Less than 100 kg/mo (220 lbs.)
2. Transporter (Indicate Mode in boxes 1-5 below)
- ☐ a. For own waste only
- ☐ b. For commercial purposes
- Mode of Transportation
- ☐ 1. Air
- ☐ 2. Rail
- ☐ 3. Highway
- ☐ 4. Water
- ☐ 5. Other - specify _____
- ☐ 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity, see instructions.
4. Exempt Boiler and/or Industrial Furnace
- ☐ a. Smelting, Melting, and Refining Furnace Exemption
- ☐ b. Small Quantity On-Site Burner Exemption
- ☐ 5. Underground Injection Control

C. Used Oil Management Activities

1. Used Oil Transporter/Transfer Facility - Indicate Type(s) of Activity(ies)
- ☐ a. Transporter
- ☐ b. Transfer Facility
2. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)
- ☐ a. Processor
- ☐ b. Re-refiner
- ☐ 3. Off-Specification Used Oil Burner
4. Used Oil Fuel Marketer
- ☐ a. Marketer Who Directs Shipment of Off-Specification Used Oil to Used Oil Burner
- ☐ b. Marketer Who First Claims the Used Oil Meets the Specifications

B. Universal Waste Activity

- ☐ Large Quantity Handler of Universal Waste

IX. Description of Hazardous Wastes (Use additional sheets if necessary)

A. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See instructions if you need to list more than 12 waste codes.)

1 D001	2	3	4	5	6
7	8	9	10	11	12

B. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24; See instructions if you need to list more than 4 toxicity characteristic waste codes.)

1. Ignitable (D001)	2. Corrosive (D002)	3. Reactive (D003)	4. Toxicity Characteristic	(List specific EPA hazardous waste number(s) for the Toxicity Characteristic contaminant(s))
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 2 3 4
D018				

C. Other Wastes. (State-regulated or other wastes requiring a handler to have an I.D. number; See instructions.)

1	2	3	4	5	6
---	---	---	---	---	---

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature

Name and Official Title (Type or print)

STERLING HUNDLEY / HAZ WASTE COOR

Date Signed

7-18-01

XI. Com.

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section IV of the booklet for addresses.)



**ACKNOWLEDGEMENT OF NOTIFICATION
OF HAZARDOUS WASTE ACTIVITY**

05/07/91

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER -> NYD986949402

FACILITY NAME -> EXXON CO USA 31779

MAILING ADDRESS -> PO BOX 4415
HOUSTON, TX 77210

INSTALLATION ADDRESS -> 1310 SUNRISE HWY
COPIAGUE, NY 11726

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION II
26 FEDERAL PLAZA
NEW YORK, NEW YORK 10278

ATTN: PERMITS ADMINISTRATION BRANCH, ROOM 505

TO: POOL ALDA S STAFF ASSIST
EXXON CO USA 31779
PO BOX 4415
HOUSTON, TX 77210

Please refer to the instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).

COLDKORS 13 PTY - 1800
EPA
Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received
(For Official Use Only)

91-03-13

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)



A. First Notification



B. Subsequent Notification
(complete item C)

C. Installation's EPA ID Number

NY0986949402

II. Name of Installation (Include company and specific site name)

EXXON CO USA #31779

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

1310 SUNRISE HWY

Street (continued)

City or Town

COPITAGUE

State

ZIP Code

NY

11726

County Code

County Name

SUFFOLK

IV. Installation Mailing Address (See instructions)

Street or P.O. Box

PO BOX 4415

City or Town

HOUSTON

State

ZIP Code

TX

77210-4415

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (last)

POOL

(first)

ALDA S

Job Title

STAFF ASSISTANT

Phone Number (area code and number)

713-656-7709

VI. Installation Contact Address (See instructions)

A. Contact Address
Location Mailing



B. Street or P.O. Box

City or Town

State

ZIP Code

VII. Ownership (See instructions)

A. Name of Installation's Legal Owner

EXXON CO USA

Street, P.O. Box, or Route Number

PO BOX 4415

City or Town

State

ZIP Code

TX

77210-4415

Phone Number (area code and number)

713-656-7761

B. Land Type

P

C. Owner Type

P

D. Change of Owner
Indicator

Yes

No

X

(Date Changed)
Month Day Year

MAR 06 1991

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

A. Hazardous Waste Activity

1. Generator (See instructions) ☐ 2. Treater, Storer, Disposer (at installation)
a. Greater than 1000kg/mo (2,200 lbs.) ☐ Note: A permit is required for this activity; see instructions.
b. 100 to 1000 kg/mo (220 - 2,200 lbs.) ☐
☒ c. Less than 100 kg/mo (220 lbs.) ☐ 4. Hazardous Waste Fuel
a. Generator Marketing to Burner ☐
b. Other Marketers ☐
2. Transporter (Indicate Mode in boxes 1-5 below) ☐
a. For own waste only ☐
b. For commercial purposes ☐
Mode of Transportation ☐
1. Air ☐
2. Rail ☐
3. Highway ☐
4. Water ☐
5. Other - specify ☐ 5. Underground Injection Control ☐

B. Used Oil Fuel Activities

1. Off-Specification Used Oil Fuel ☐
a. Generator Marketing to Burner ☐
b. Other Marketers ☐
c. Burner - Indicate device(s) - Type of Combustion Device ☐
1. Utility Boiler ☐
2. Industrial Boiler ☐
3. Industrial Furnace ☐
2. Specification Used Oil Fuel Marketer (or On-site Burner) Who First Claims the Oil Meets the Specification ☐

IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001) ☐ 2. Corrosive (D002) ☐ 3. Reactive (D003) ☐ 4. EP Toxic (D000) ☒ (List specific EPA hazardous waste number(s) for the EP Toxic contaminant(s))
D 0 1 8

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)

1	2	3	4	5	6
7	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring an I.D. number. See instructions.)

1	2	3	4	5	6

X. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

Signature

Name and Official Title (type or print)

Date Signed

J. Harris, Senior Mktg. Eng.

MAR 06 1991

XI. Comments